



Business Assistance Grant Program GRANT APPLICATION

Business Name	EIN			
Applicant's Name	Title			
Registered Business Address				
City	State		Zip Code	
Website Address	Email Address			
Current Business Type				
☐ Sole Proprietor	Years in Business			
☐ Limited Partnership				
•				
•				
Briefly describe your current business:				
Does your company have a presence on the web?	☐ Yes	□ No		
If yes, your current web address:				
How long have you had a website?				
Does your company currently sell products on the web?	☐ Yes	☐ No		
Do you track visitation to your business? ☐ Yes ☐ No				
Approximately how many visitors/guests does your busin	ess receive ea	ach year?		
Do you currently market/advertise your business?	☐ Yes	☐ No		
If yes, what are your primary methods of advertising? (ple	ase check all	that apply)		
☐ Print ☐ Online/Internet ☐ Social Medi	a ∏ Ra	dio 🗇 TV	□ Other	

Project Information

Please attach (up to three) additional pages addressing the following:

- Project Description In detail, describe your planned project.
- Project Goals What do you hope to accomplish by implementing this project?
- Measurements How will you measure the effectiveness of project implementation?
- **Business License** Please attach a copy of your company's business license, if applicable. If your business license is pending, please make note in your application.

Anticipated Project Budget						
Total Project Cost:	\$	Anticipated Start Date:				
Requested Grant Funding:	\$	Anticipated Date of Completion:				
Funds provided by Business:	\$	_				
Project Vendors Please list chosen vendors:		ls this ven in Fauquie	dor located er County?			
Business Name:		_ Yes	□ No			
Service provided:		-				
Business Name:		_ Yes	□ No			
Service provided:		-				
Business Name:		_	□ No			
Service provided:		_				
Business Name:		_ Yes	□ No			
Service provided:		-				

Please Note: Preference will be given to applicants engaging other Fauquier County businesses in the project.

Changes in v	Changes in vendors, made after the application is submitted, must be approved by the Town of Warrenton.						
By signing this application, I understand and adhere to the guidelines set forth in the Business Assistance Matching Grant Program criteria. I understand that this application in no way represents grant acceptance and that the application is subject to review by the Town of Warrenton Department of Economic Development, the Fauquier County Department of Economic Development (FCDED), and the Economic Development Authority (EDA). A performance agreement with the Economic Development Authority shall be required as a condition of the grant. I also acknowledge the financial responsibility of providing matching funds in an amount equal to any grant awarded upon project completion, should my company receive this grant.							
Applicant's	Signature	Title	Date				
Chacklis	st for Completion of Application						
Checklist for Completion of Application:							
To apply, please submit the following:							
	□ Application Form						
	Project Information pages						
	A copy of your Town of Warrenton business license.						
	Check here if you will be submitting a copy Reimbursement.	of your license	with your Application for				
Information should be sent by mail, to: Town of Warrenton Department of Economic Development 19 Culpeper Street Warrenton, VA 20186 Attention: Thomas G. Wisemiller							
Auginon.	THOMAS G. WISCHING						

Sponsored by

Town of Warrenton Department of Economic Development,

Fauquier County Department of Economic Development and Fauquier County Economic Development Authority